## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**863-028083** 

DO NOT WRITE		AMEN	DE-			stration District No. Primary Registration	District No. DO X	Registrar's No.	00		LE NUMBER
ON THIS STUB		-M2A	.vev	_ 1	E	LED AUG 2 1963					
	, ,	1 1	1		<b>1</b> .	LACE OF DEATH					tion: Residence before
VS 300	' <u> </u> ⊞	1			١	. county Howard		a. STATE Mis	zsouri <sup>col</sup>	Howar Howar	rd admission)
Rev. 4/59	<u> </u>	1	l		1 —	o. CITY (If outside corporate limits, give TOWNSHIP only) OR	Length of stay in 1b	c. CITY OR			Inside Limits
	AMENDED				1	TOWN. Fayette, Mo.	5 days		Favette		Yes □ No □
10451	` ₹,			1	<b>1</b> —	. FULL NAME OF (If NOT in hospital, give location)	Inside Limits	d. STREET		cutside, give location)	
				1 1	1	HOSPITAL OR		ADDRESS	-		Yes No St
20451	DAT	$\lfloor \rfloor$		1	۱	institution Keller Mem. Hospita	T 1.00 M 40 D (	<u>y 41</u>	15 N. Ho	NSLO	
3 2	<u>ا ا</u> ا	(十	T	7 1	3.		Middle	Lest	4. DATE	Month [	Day Year
	'   '				1	Type or print) HAZEL EIL	EEN S	SCRIBNER	OF DEATH J	JULY 28.	1963
4 1	'   '				<del></del> ا	EX 6. COLOR OR RACE 7. Marriedy			1	,	YEAR   IF UNDER 24 HR
	'   '				1 3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Divorced		t .		Days Hours Min.
5 /	'   '	(			۱	Female   White	BUSINESS OR INDUSTRY	4/29/191		tountry) 19 CITITE	N OF WALL COMME
6	ر اي				10	furing most of working life, even if retired)		1	· ·		N OF WHAT COUNTRY
- 1	š	<b>!</b>			۱	House Work Own		<u>  Marion</u>	County.		
701		<b>!</b>			_		OTHER'S MAIDEN NAMI		14. NĀ	AME OF HUSBAND OR	WIFE
	횬	1					Hazel Tyne		Form	rest C. Sc	ribner
8 7.1	ွှ	1		1	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO	OCIAL SECURITY NO.	17. INFORMANT		Address	
9150 4	' <u>`</u>   '	$\left\{ \ \ \right\}$			(Ye	po, or unknown) (If yes, give war or dates of servi		F. C. S	Scribner	r, Fayette	, Mo.
9/53.8	A RE	$\{ \   \ \}$		<u> </u>	1 —	B. CAUSE OF DEATH (Enter only one cause per line to ten to). PART I. DEATH WAS CAUSED BY:	- and (c)			- <u> </u>	INTERVAL BETWEEN
10		<b>!</b>		핕	1	1106	A: 1-				ONSET AND DEATH
	윤병	1		CUMEN	1	IMMEDIATE CAUSE (a)	ive w	<u>~~</u>		<u> </u>	+ 7 anys
11	RECO EAD C	1		Ö	1	· L	1 - And - A	1	MAK	statie.	92.
122-0	교문			ΙŌ	۱ ا			/ <b>/                                  </b>	_	<i></i>	1 20
<u> </u>	lo lo l			, ,		Conditions, if any, which gave rise to	wer mu	regnancy -	- mas	marie	7 700
	뿔뿔	{				which gave rise to above cause (a),	of a	regnancy -	- mera	marie_	6 mos.
13 /-0		$\dashv$	$\downarrow$	-		which gave rise to	of color	agranay -	- max	marie	6 mos.
13 /-0	ON THIS	H	+		N.	which gave rise to above cause (a), stating the underlying cause last.  DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CO	T Color  TATO TO DEAT	[H but not related to		PART III. If decea	6 mes.
13 /-0	z		+		ATION	which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CO disease condition given in PART I (a)	MEDUTING TO DEAT	IH but not related to		PART III. If decea	regnancy in last 90 days.
13 /-0	S ON I		+		FICATION	which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CO disease condition given in PART I (a)	aundie		the terminal	PART III. If decea there a p	No Unknown
13 /-0	S ON I		+			which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CO disease condition given in PART I (a)	aundie		the terminal	PART III. If decea	No Unknown
13 /-0	S ON I		+	-	CERTIFI	which gave rise to above cause (a), staring the underlying cause last. DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CO disease condition given in PART I (a)  P. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE	aundie		the terminal	PART III. If decea there a p	No Unknown
	S ON I				CAL CERTIFI	which gave rise to above cause (a), staring the underlying cause last. DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CO disease condition given in PART I (a)  9. WAS AUTOPSY PERFORMED? YES NO STATE OF Hour Month, Day, Year	aundie		the terminal	PART III. If decea there a p	No Unknown
,13 /~0	z				CERTIFI	which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CO disease condition gizen in PART I (a)  P. WAS AUTOPSY PERFORMED? YES   NO	aundie		the terminal	PART III. If decea there a p	No Unknown
,13 /~0	S ON I				CAL CERTIFI	which gave rise to above cause (a), stating the underlying cause lest. DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CO disease condition given in PART I (a)  PREFORMED? YES NO STATEMENT SUICIDE HOMICIDE PERFORMED? YES NO STATEMENT Month, Day, Year INJURY a.m. p.m.	20b. DESCRIBE HON	W INJURY OCCURRED.	the terminal  C. (Enter nature of	PART III. If decea there a p	No Unknown
,13 /~0	S ON I				CAL CERTIFI	which gave rise to above cause (a), stating the underlying cause lest. DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CO disease condition given in PART I (a)  PREFORMED? YES NO STATEMENT SUICIDE HOMICIDE PERFORMED? YES NO STATEMENT Month, Day, Year INJURY a.m. p.m.	20b. DESCRIBE HON	W INJURY OCCURRED.	the terminal  C. (Enter nature of	PART III. If decea there a pingle of the part in part i or PA	regnancy in fast 90 days.  No Unknown ART II of item 18.)
RIBBON	AMENDMENTS ON T				MEDICAL CERTIFI	which gave rise to above cause (a), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO disease condition gizen in PART I (a)  PERFORMED? YES NO DOLL NORTH MONTH, Day, Year INJURY a.m. p.m.  Dol. INJURY OCCURRED farm, factory, street, of NOT WHILE AT WORK   100	20b. DESCRIBE HON	OW INJURY OCCURRED.	the terminal  C. (Enter nature of including the control of including th	PART III. If decape there a property injury in PART I or PA	regnancy in fast 90 days.  No Unknown ART II of item 18.)
RIBBON	AMENDMENTS ON T				MEDICAL CERTIFI	which gave rise to above cause (a), stating the underlying cause lest. DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CO disease condition given in PART I (a)  PREFORMED? YES NO STATEMENT SUICIDE HOMICIDE PERFORMED? YES NO STATEMENT Month, Day, Year INJURY a.m. p.m.	g., in or about home, 2	20f. CITY, TOWN, OR	the terminal  C. (Enter nature of the LOCATION  d last saw heralise	PART III. If decea there a pingury in PART I or PA	regnancy in last 90 days.  No Unknown ART II of item 18.)
RIBBON	AMENDMENTS ON T	-			MEDICAL CERTIFI	which gave rise to above cause (a), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO disease condition gizen in PART I (a)  PERFORMED? YES NO DOLL NORTH MONTH, Day, Year INJURY a.m. p.m.  Dol. INJURY OCCURRED farm, factory, street, of NOT WHILE AT WORK   100	g., in or about home, 2	20f. CITY, TOWN, OR	the terminal  C. (Enter nature of the LOCATION  d last saw heralise	PART III. If decape there a property injury in PART I or PA	regnancy in last 90 days.  No Unknown ART II of item 18.)
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E BLACK INK OR WRITER RIBBON	AMENDMENTS ON T			Ħ	MEDICAL CERTIFI	which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CO disease condition given in PART I (a)  PERFORMED? YES NO NO NOT NOT NOT NOT NOT NOT WHILE AT WORK A.m.  Dod. INJURY OCCURRED	g., in or about home, 2	20f. CITY, TOWN, OR 20f. city, Town, Or and all de date stated above, a	the terminal  O. (Enter nature of RELOCATION  Id last saw her alive and to the best of	PART III. If decea there a pingury in PART I or PA	state  STATE  22c. DATE SIGNED
RIBBON	AMENDMENTS ON T	-		Ħ	MEDICAL CERTIFI	which gave rise to above cause (a), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO disease condition given in PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CO disease condition given in PART I (a)  PERFORMED? PERFORMED? YES NO NO MONTH, Day, Year INJURY a.m. p.m.  Dod. INJURY OCCURRED. WHILE AT WORK DAY NOT WRILE AT WORK DESCRIPTION OF THE PROPERTY STREET, of The Part of The Pa	20b. DESCRIBE HON	20f. CITY, TOWN, OR and date stated above, a 22b OTRESS	the terminal  C. (Enter nature of the LOCATION  d last saw her alice and to the best of the LOCATION (C. 23d. LOCATION (	PART III. If decea there a pingle on the pingle of the pin	state  STATE  STATE  122, DATE SIGNED  (State)
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RIBBON	NO SHOUID READ	-		Ħ	MEDICAL CERTIFI	which gave rise to above cause (a), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO disease condition gizen in PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CO disease condition gizen in PART I (a)  PERFORMED? YES NO DOLL TO THE HOMICIDE HO	20b. DESCRIBE HON  g., in or about home, 2  ffice bidg., etc.)  m on the  cof cemetery or cre  nut Rdge	20f. CITY, TOWN, OR  20f. CITY, TOWN, OR	the terminal  C. (Enter nature of the LOCATION  d last saw her alive and to the best of the LOCATION (Control of the Loca	PART III. If decea there a pingle on the pingle of the pin	state  STATE  STATE  122, DATE SIGNED  (State)

0 <del>- by</del>		<del></del>	<del></del>	, Student Embalmer No
vorking under m	y personal s	upervision.	•	
tudent	<u> </u>	· ;		Signed William & Treks
	Signature of	Student Embalmer		
S. 3.4.		2 · · · · · · · · · · · · · · · · · · ·		Licensed Embalmer No. 4870
•		•	•	TO O
,				P. O. Address Jayelle M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.